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Substitute for Form PTO-875											
6/4/	ns e	LAIMS AS (Cutu		PART I (Con	SMALLE	SMALL ENTITY		OTHER THAN SMALL ENTITY			
FOI	<u> </u>	NUMBER FILED NUMBE			R EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(e))						:395	OR		,790	
TOTAL CLAIMS (37 CFR 1.16(d))		3 & minus 3 .		3 7		x s 25 -		OR	x 5.50 =		
INDEPENDENT CLAIMS		5	minus .			x s <u>f 0 0</u> = .		OR	x 5. 70 0.	· · ·	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))						+ 5 180 =		OR	+53(0 =		
• If the differe	oce in colum	nn 1 is less tha	n zero, ent	er "O" in column 2	TOTAL		OR .	TOTAL			
* If the difference in column 1 is less than zero, enter 'O' in column 2.											
CLAIMS AŞ AMENDED - PART II:							SMALL ENTITY OR SMALL ENTITY				
(Column 1) (Column 2) (Column 3)								·	RATE	ADDI	
4 12-6	424	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADO+ TIONAL FEE	· ·	RAIE	TIONAL .	
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Z Indepen		- 36 -	Minus	- 3	= '	× = 100 =	· . /	OR	x : 260.	<u> : : </u>	
		ON OF HIS TEST	nesenné	AT CLAIM (17 CF	R 1.16(d)	+: 170=	: /	OR	+/340=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(d))							7:::	OR	TOTAL ADDLFEE		
1		Column 1)		(Column 2) HIGHEST	(Column 3)	RATE	ADDI		RATE	ADDI-	
E .		REMAINING AFTER	٠.	NUMBER PREVIOUSLY PAID FOR:	EXTRA		TIONAL FEE			TIONAL	
N To	al ·	MENDMENT	Minus	PADPOR"	.	x = 25 =		OR .	x : 50 =		
O trotheper			Minus	··· :	•	x \$ 100 =		 OR	x = 200=		
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (87 CFR 1.16(d))						+5/80=	•	OR	+,340=		
- FREST		TOTAL ADOL FEE	·	OR.	ADD'L FEE						
· · ,				**************************************	(Cotumn 3)				·	• •	
		(Column*1) CLAIMS		(Column 2) HIGHEST	PRESENT	RATE	ADDI-	•	RATE	.ADDI-	
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AFTER AMENDMENT PREVIOUSLY Total (27 CPR 1.18(45) Independent (27 CPR 1.18(50)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5 140:		OR	+ , 3 6 0=	<u> </u>	
FREST HOSSATIATION OF BUCINE DEPENDENT COME (8) AT THE STATE OF THE ST						TOTAL ADOL FEE		OR	TOTAL ADDL FEE	<u> </u>	
• If the	the state of the s										
* If the entry in column 1 is less than the entry in Column 1 is less than 10, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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